MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(466) 10271

Reg. Diat. No. 251

1. PLACE OF DEATH:
County: Queen Annes
City or town: nr Millington
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 months
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Annes
City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Emma E Gardner

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widowed

6.(b) Name of husband ~~or wife~~: Luther Gardner
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb - 16 - 1869

8. AGE:

Years	Months	Days	If less than one day
77	7	24	..... hrs. ..... min.

9. Birthplace: Queen Annes Co. Md
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: George E. Price
13. Birthplace: Queen Annes Co. Md

MOTHER
14. Maiden name: Emily Williamson
15. Birthplace: Queen Annes Co. Md

16. Informant: Mrs Grace G. Brown
Address: Centreville. Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 13. 46 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville Maryland
18. Funeral director: Dalton Rice
Address: Centreville. Maryland.

19. Oct. 11 1946 (Date rec'd by registrar) Edgar L. Lane Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 10 1946 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1946, to Oct. 10 1946
and that I last saw her alive on Oct. 10 1946

Immediate cause of death	DURATION
Uremia	2 days
Due to Carcinoma of Stomach	7 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Merritt Price M. D. or other
Address: Millington Md Date signed Oct 11/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

Evidence for the change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10272

FILM No. I 07 OCT 22 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 2-52

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne
City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Hattie E. Hard

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife: John Hard
6.(c) If alive, give age: 85 years

7. Birth date of deceased (mo., day, yr.): Feb. 18, 1880

8. AGE: Years	Months	Days	If less than one day
66 ~~65~~	7	25	hrs. min.

9. Birthplace: Grasonville, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: John C. Little
13. Birthplace: Grasonville, Md.
MOTHER 14. Maiden name: Sarah E. Marsh
15. Birthplace: Grasonville, Md
16. Informant: Lillie Butler
Address: Queenstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 17 1946 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Md.
18. Funeral director: John D. Williams
Address: Easton, Md.
19. 10-15- 1946 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 13, 1946, at 4:-- P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1946 to Oct. 13 1946
and that I last saw h-- alive on Sept. 10 1946

Immediate cause of death	DURATION
Pulmonary tuberculosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury. Injured at work?

23. SIGNATURE: H. B. McThurse M. D. or other
Address: Centreville, Md. Date signed 10/15/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-B)

10273

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:
County: Harford
City or town: Aberdeen (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 years
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Aberdeen (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: William Herman

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6. (b) Name of husband or wife: Hedwig M. Herman
6. (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): May 4 1876
8. AGE: Years: 70 Months: 4 Days: 29 If less than one day: hrs. min.
9. Birthplace: Pennsylvania (Town, county, and state)
10. Usual occupation: Woodworker
11. Industry or business: Retired Carpenter
12. FATHER — Name: William Herman
13. FATHER — Birthplace: Germany
14. MOTHER — Maiden name: Julia Nelson
15. MOTHER — Birthplace: Delaware
16. Informant: Edgar L. Lane
Address: Edgewood, Md. R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 6-1946 (month) (day) (year)
Cemetery or crematory: Barretts Chapel
Location: Barretts Chapel Md.
18. Funeral director: Edgar L. Lane
Address: Church Hill Md.
19. Oct 4 1946 (Date rec'd by registrar) Edgar L. Lane Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 2 1946 at 3 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1946 to Oct 2 1946 and that I last saw him alive on Oct 2 1946

	DURATION
Immediate cause of death: Cerebral Hemorrhage	24 hrs
Due to:	
Due to:	
Other conditions: Arteriosclerosis	3 mos.

(Include pregnancy within 3 months of death)

Major findings of operations: Cerebral Hemorrhage
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Hayward S. Reed M.D. or other
Address: Aberdeen, Md. Date signed Oct 4 1946

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

CERTIFICATE OF DEATH

10274

Reg. Dist. No. 252

1. PLACE OF DEATH:

County: Baltimore County

City or town: Towson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25-yr.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Towson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Amelia M. Dunlap

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife: Fred Dunlap

8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 2-25-1894

8. AGE:

Years	Months	Days	If less than one day
52	7	7	..... hrs. ..... min.

9. Birthplace: Cuba

(Town, county, and state)

10. Usual occupation: H. W.

11. Industry or business: Home

FATHER

12. Name: Thomas Dreyland

13. Birthplace: Md.

MOTHER

14. Maiden name: Nora Dunlap

15. Birthplace: Md.

16. Informant: Fred Dunlap

Address: Cockeysville

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-5-46 (month) (day) (year)

Cemetery or crematory: Woodlawn

Location: Baltimore Md

18. Funeral director: E. L. Lowe

Address: Church Hill, Md

19. 10-5-1946 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 2 - 1946, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to Oct 2 1946

and that I last saw h[illegible] alive on Sept 27 1946

Immediate cause of death	DURATION
Carcinoma of Stomach	
Due to: Metastasis	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. S. McPherson M. D. or other

Address: Towson Md Date signed: 10/5/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-a)

CERTIFICATE OF DEATH

FILM No. I 07 OCT 18 1946

10275

Reg. Dist. No. 254

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Grasonville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 23 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne's
City or town: Grasonville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Ida Lillian Smith

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6.(b) Name of husband or wife: William Martin Smith
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov 25 1878

8. AGE: Years	Months	Days	If less than one day
67 (68)	10	16	..... hrs. ..... min.

9. Birthplace: Bellevue Del
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:

FATHER
12. Name: John Week
13. Birthplace: Don't know

MOTHER
14. Maiden name: Jeanette Steibel
15. Birthplace: Frankfort Germany

16. Informant: William M Smith
Address: Grasonville Md.

17. Burial — Date thereof: Oct 14-46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: St Peters
Location: nr Queenstown. Maryland

18. Funeral director: Easton Bros
Address: Centreville. Maryland

19. Oct. 14 1946 Helen M. Aeldridge
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 11 1946, at 7 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 10 1946, to Oct. 11 1946 and that I last saw h[illegible] alive on Oct. 10 1946.

Immediate cause of death	DURATION
Cerebral hemorrhage	1 day
Due to: with hemiplegia	
Due to: Arterio sclerosis	
Other conditions: epithelioma a upper lip	1940

(Include pregnancy within 3 months of death)

Major findings of operations: fulguration & X Ray — Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Hector Sattelmaier M.D.
M. D. or other
Address: Stevensville Date signed: Oct. 11. 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-7)

CERTIFICATE OF DEATH

10276

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County Queen Annes

City or town Ingleside

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all her life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Annes

City or town Ingleside

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Anna Margaret Wilson

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife William R Wilson

6.(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Oct 29 - 1867

8. AGE:

Years	Months	Days	If less than one day
78	11	26	hrs. min.

9. Birthplace Ingleside Q.A.Co. Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Charles H R Merrick

13. Birthplace Ingleside Maryland

MOTHER

14. Maiden name Ann Katherine Thomas

15. Birthplace Ruthsburg Maryland

16. Informant William R Wilson

Address Ingleside Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 27-46 (month) (day) (year)

Cemetery or crematory Sudlersville

Location Sudlersville Maryland

18. Funeral director Easton Bros

Address Centreville Maryland

19. Oct. 26 1946 (Date rec'd by registrar) Edgar L. Lane Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 25 1946 at 2 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 25 1946, to Oct. 25 1946

and that I last saw h.. alive on Oct. 24 1946

Immediate cause of death	DURATION
Carcinoma of the	
Due to Liver	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did Injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. R. McMurray M. D. or other

Address Centreville Md Date signed 10/26/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1642)

CERTIFICATE OF DEATH

★ 10277

Reg. Dist. No. 252

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Rural Centreville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 days
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Pennsylvania County: Montgomery
City or town: Conshohocken
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R D # 1
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3. (a) FULL NAME: Harry Wilmer Wood

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 8. 1919

8. AGE: Years: 27 Months: 9 Days: 16 If less than one day: hrs. min.

9. Birthplace: Conshohocken, Pa.
(Town, county, and state)

10. Usual occupation: Medical Student

11. Industry or business:

FATHER 12. Name: Howard Wood Jr.
13. Birthplace: Conshohocken Pa

MOTHER 14. Maiden name: Phebe L Wilmer
15. Birthplace: nr Centreville Queen Anne's Co. Md

16. Informant: Howard Wood Jr.
Address: Conshohocken Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 26-46 (month) (day) (year)
Cemetery or crematory: Christ Ch the Redeemer
Location: Bryn Mawr, Pa

18. Funeral director: Baton Bros.
Address: Centreville, Maryland

19. 10-25-1946 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 23 1946, at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Gun Shot wound — Suicide	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of: 10-23-46
Where did injury occur? near Centreville Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other
Address: Centreville Date signed: 10-24-46

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.